



**Verification of Continuing Education Attendance**

Name \_\_\_\_\_ Date \_\_\_\_\_

Workshop/Seminar Title \_\_\_\_\_

Presenter (if applicable) \_\_\_\_\_

Location \_\_\_\_\_

Hours of Attendance \_\_\_\_\_

*Toni Lobello*

**Toni Lobello, ET/P, C-SLDS**  
Continuing Education Chair